

Approved
date 18/12/23
10282300204
Maharashtra Medical Goods Procurement Authority

A Maharashtra Government Authority

Approval through Government Resolution -Official Gazette, Dated 10th May, 2023

Office- 9st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, D^o Mello Road,
St. Georges Hospital Compound, Mumbai 411001

Contact Number- 022-22611471, 022-22717500 E-mail - maha.mmgsa2023@gmail.com

O w. No. **28** /MMGPA/Medicine & Material Section/2023, dated **27**.10.2023

To,

M/s. Intas Pharmaceuticals Limited,

Corporate House, Near Sola Bridge,

S.G. Highway, Thaltej,

Ahmedabad 380054 (Gujrat)

Phone: +91 79 6157 7000 / Email: ketan_shah@intapharma.com

Subject: - Supply of Anti Hemophillic Inj. 600 IU (Factor IX)

Reference: - (1) Special Permission from Executive Committee, Maharashtra as per Minutes
of Meeting Dated 3.10.2023

(2) ESIC Rate Contract No.150, Valid up to 31.10.2024

(3) Budget Source: NHM - PIP 2023-24 (Sr. No.156),

(4) Sanction of Tender Approval Committee, Meeting Dated 27.10.2023

With reference to the special permission granted under above reference no.1, you have been awarded for the supply of following medicinal product as per valid ESIC Rate Contract w.r.t. reference 2. Accordingly you are requested to supply the following goods to the consignees as per details mentioned below. (Consignee List enclosed separately with this order).

Rate Contract Number & Item No.	Name of the item	Specification of item	Quantity (DHS)	Unit Rate with GST 12%	Total Amount including GST
150 (2022-2024)	Anti Hemophillic Inj. Factor IX 600 IU	Anti Hemophillic Inj.- Each Vial to contain: Anti Hemophillic Factor IX 600 IU (Packing 1 Vial)	2838 Vials	6720.00	19071360.00
Total Amount In Words- One Core Ninety Lac Lac Seventy One Thousand Three Hundred Sixty Only					

- Packing & Forwarding:** Packing as Per ESIC Rate Contract Terms & Conditions, & Forwarding Free on Road Destination. i.e. door delivery basis
- Delivery Period:** 6 weeks from the date of receipt of order by the supplier to the consignee attached.
- Risk purchase clause:** If the supplier fails to supply the stores within the stipulated delivery period inclusive of period with penalty, the order will stand cancelled. Undersigned shall be entitled to purchase such stores from any other source at such price which ordinarily should not be more than 10% of the tender price, unless otherwise properly satisfied by purchasing officer. The extra expenditure in such cases shall be recovered by Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan, St.George's Hospital Compound, Mumbai from the Supplier inclusive of recovery by Revenue recovery procedure.

4. **Payment Terms:** 100 % Payment shall be paid on receipt & acceptance of stores in good conditions by the consignee
 5. **Labeling:** The word “For use of GOVERNMENT OF MAHARASHTRA NOT FOR SALE” should be printed on each unit pack in readable Purple or Green Colours. Bar-coding should be on boxes of Supplied item at Consignee level.
 6. **SHELF LIFE of the supplied drug should not be less than ¾ of total shelf life at the time of delivery to the consignee.**
 7. **Acceptance & Receipt:** In prescribed format enclosed .It should be submitted in Original Certificate copy to the purchasing authority along with triplicate copies of the Invoice.
 8. The Consignees upon Receipt of the material should issue acceptance certificate within 7 days of receipt of material in two copies. One copy should handover to Supplier and One Copy should be sent Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St.George’s Hospital Compound, Mumbai by mail or email. (**Email ID- maha.mmga2023@gmail.com**)
 9. **Analysis Report:** Manufactures should submit copy of Drugs analysis report to each consignee for each batch supplied with copy of the same along with invoice to Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St.George’s Hospital Compound, Mumbai
 10. **Delivery Challan** – Should be sent in the name of consignee in duplicate. It should specify Name of Drugs/ Mfg. by / Expiry Date / packing & quantity.
 11. **Invoice Copy** – Should be sent in triplicate on the Name of Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St. George’s Hospital Compound, Mumbai.
- Other Terms:** As per ESIC Rate Contract’s terms & conditions will be applicable.
- Fall Clause:** It is a condition of the contract that all through the currency thereof, the price at which you will the supply stores should not exceed the lowest price charged by you to any customer during the currency of the rate contract and that in the event of the prices going down below the rate contract prices you shall promptly furnish such information to us to enable to amend the contract rates for subsequent supplies.
12. You are requested to submit following within 15 days from receipt of this letter.
 1. Sign and submit the agreement attached herewith on Stamp paper.
 13. Submit the Bank Guarantee of **Rs.5,72,141/- (3% of the total value of order)** from Nationalized /Scheduled commercial bank in favor of Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St.George’s Hospital Compound, Mumbai Validity of the Bank Guarantee should be minimum next 2 months from the date of expiry of warranty or expiry of medicine/item.

Name of Account	Name of Branch Account	No. of account	IFSC Code
Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Mumbai	Canara Bank, Nariman Point Branch, Mumbai	120024122310	CNRB0015037

Consignee : As per list enclosed.

(As per approved office
Note by CEO, MMGPA)

(Dr. Umesh Shirodkar)

General Manager (Technical),

Maharashtra Medical Goods Procurement Authority
Mumbai

- Copy to:** 1) Commissioner, Health Services & Mission Director, NHM, Mumbai
 2) Director of Health Services, Mumbai
 3) Chief Accounts and Finance Officer, Medical Goods Procurement Authority, Mumbai
 4) Joint Director of Health Services (Procurement Cell) Mumbai
 5) Joint Director (Technical) NHM, Mumbai
 6) Office File

Copy to Consignee(s):

They should accept Drugs as per order & entry of the said stock is to be taken in stock register as well as in e-Aushadhi system immediately within 24hrs of delivery.

- Copy Submitted to:** 1) Addl. Chief Secretary, Public Health Department, Mantralaya, Mumbai
 2) Secretary-2, Public Health Department, Mantralaya, Mumbai

CONSIGNEE LIST

O w. No. **28** /MMGPA/Medicine & Material Section/2023, dated **27**.10.2023

Sr. No.	Name of Institute	Consignee Quantity (600 IU Vials)
1	District Hospital, Thane	358
2	District Hospital, Nashik	315
3	District Hospital, Satara	315
4	District Hospital, Amravati	315
5	District Hospital, Ahmednagar	315
6	Daga Hospital, Nagpur	315
7	District Hospital, Aurangabad	315
8	B.J. Medical College, Pune	240
9	K.E.M. Hospital, Mumbai	350
TOTAL QUANTITY		2838


(Dr. Umesh Shiroadkar)

General Manager (Technical),
Maharashtra Medical Goods Procurement Authority
Mumbai

Annexure - C

SCHEDULE FOR PACKING OF DRUGS AND MEDICINES:

I. SCHEDULE FOR PACKAGING OF DRUGS AND MEDICINES GENERAL SPECIFICATIONS

:All drugs should be packed & Supplied in Prescribed packing only & as per standard guidelines of FDA / ISI

1. No corrugate package should weigh more than 15 Kgs. (i.e. product + inner carton + corrugated box).
2. All corrugated boxes should be of 'A' grade paper. i.e. Virgin.
3. All items should be packed only in first hand boxes only.
4. Flute - The corrugated boxes should be of narrow flute.
5. Joint - Every box should be preferably single joint and not more than two joints.
6. Stitching - Every box should be stitched using pairs of metal pins with an interval of two inches Between each pair. The boxes should be stitched and not joined using calico at the corners.
7. Flap - The flaps should uniformly meet but should not overlap each other. The flap when turned by 45 - 60 degree should not crack.
8. Tape - Every box should be sealed with gum tape running along the top and lower opening.
9. Carry strap - Every box should be strapped with two parallel nylon carry straps (they should intersect)
10. Label - Every corrugated box should carry a large outer label clearly indicating that the product is for **GOVERNMENT OF MAHARASHTRA NOT FOR SALE "in readable purple or Green colour.**
11. The product label on the cartoon should be large at least 15 cms * 10 cms dimension. It should carry the correct technical name, strength or the product, date of manufacturing, date of expiry, quantity packed and net weight of the box.
12. Other - No box should contain mixed products or mixed batches of the same product.
13. **Primary Package:** 10 Tablets/Capsules or multiples of 10 should be packed in an Aluminum strip / Aluminium - P V C blister pack
Aluminium strips : Thickness of Aluminium foil : 40 micron with LDPE 25 micron coating/heat seal lacquer
PVC Film : Transparent, clear/amber, food grade, blister forming PVC film, Film gauge - 200 microns, P E coating : 25 microns, PVC coating : 60 gsm
Aluminium foil: Hard tempered Blister foil, VMCH coated, Thickness: 0.025 mm
- Secondary Package:** The strips should be packed in boxes for easy handling, transport and distribution. The box may contain 10 strips. It shall be fabricated from Mainboard/grey board/cardboard with minimum of bursting strength of 400 gsm
- Tertiary Package :** The boxes shall be packed in weather resistant triple walled insulated corrugated 5 ply cartoons, each ply having strength of minimum 150 gsm It should be fabricated from virgin quality 'A' grade material . The overall dimension of the cartoon should be such that the product does not get damaged during transportation and storage. Each international shipping carton should weigh less than 50 kg. It is important that individual boxes are not too heavy during transport as they are frequently loaded and offloaded manually at airports and intermediate stores

Bar-coding: - Bar-coding should be on secondary & Tertiary packing only.

IV. Case Identification ---- All cases should prominently indicate the following

1. Purchaser's line and code numbers
2. The Generic Name of the product
3. The dosage form (Tablet, Capsule, Ampoule, Syrup, Vial)
4. Date of manufacture and expiry (month and year) (in clear language not code)
5. Expiration dt.(Month & year)
6. Batch Number
7. Quantity per case (Carton containing ----- secondary packages)
8. Special instructions for storage and handling
9. Name and address of manufacture
10. Any additional cautionary statements.

V. Marking: Each packing shall be marked with nomenclature of the Item and shall be labelled in accordance with the requirement of the Drugs and Cosmetics Act, 1940 or relevant standards as applicable

If your company failed to provide barcode on packaging then additional 5% amount on total billing amount will be deducted from your payment.

CONTRACT FORM

THIS AGREEMENT made theday of....., 2023... Between..... (Name of purchaser) of..... (Country of Purchaser) (Hereinafter "the Purchaser") of the one part and..... (Name of Supplier) of..... (City and Country of Supplier) (Hereinafter called "the Supplier") of the other part:

WHEREAS the Purchaser is desirous that certain Goods and ancillary services viz. (Brief Description of Goods and Services) and has accepted a bid by the Supplier for the supply of those goods and services in the sum of..... (Contract Price in Words and Figures) (Hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this agreement,

viz.:

- (a) The Price List submitted by the Supplier;
 - (b) The Schedule of Requirements;
 - (c) The Technical Specifications;
 - (d) The General Conditions of Contract;
 - (e) The Special Conditions of Contract; and
 - (f) The Purchaser's Notification of Award.
3. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
 4. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.

Brief particulars of the goods and services which shall be supplied/provided by the Supplier are as under:

SR. NO.	BRIEF DESCRIPTION OF GOODS & SERVICES	QUANTITY TO BE SUPPLIED	UNIT PRICE	TOTAL PRICE	DELIVERY TERMS

TOTAL VALUE:

DELIVERY SCHEDULE:

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, Sealed and Delivered by the

Said..... (For the Purchaser)

In the presence of:

Signed, Sealed and Delivered by the

Said..... (For the supplier)

In the presence of:

SECURITY DEPOSIT FORM

To, (Name of Purchaser)

WHEREAS..... (Name of Supplier)

Hereinafter called "the Supplier" has undertaken, in pursuance of Contract No..... dated, 200.... to supply.....(Description of Goods and Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a Guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of..... (Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limit of (Amount of Guarantee) as aforesaid, without your needing to prove or to show ground or reasons for your demand or the sum specified therein.

This guarantee is valid until theday of.....202.....

Signature and Seal of Guarantors

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.....

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Date.....202.....

Address.....

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